

MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

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For Official Use Only <div style="border: 1px solid black; border-radius: 50%; width: 50px; height: 50px; display: flex; align-items: center; justify-content: center; margin: 10px auto;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-size: 8px;"> RECEIVED BUREAU OF LABOR RELATIONS U.S. DEPT. OF LABOR </div> </div> <div style="text-align: center; margin-top: 10px;"> E </div>	1. FILE NUMBER <div style="border: 1px solid black; padding: 5px; text-align: center; margin-top: 10px;"> 508 - 538 </div>	2. PERIOD COVERED <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">MO</th> <th style="text-align: center;">DAY</th> <th style="text-align: center;">YEAR</th> </tr> <tr> <td style="border: 1px solid black; text-align: center;">01</td> <td style="border: 1px solid black; text-align: center;">01</td> <td style="border: 1px solid black; text-align: center;">2002</td> </tr> <tr> <td colspan="3">From</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">12</td> <td style="border: 1px solid black; text-align: center;">31</td> <td style="border: 1px solid black; text-align: center;">2002</td> </tr> <tr> <td colspan="3">Through</td> </tr> </table>	MO	DAY	YEAR	01	01	2002	From			12	31	2002	Through			3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: <input type="checkbox"/> (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: <input type="checkbox"/> (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here: <input type="checkbox"/>
MO	DAY	YEAR																
01	01	2002																
From																		
12	31	2002																
Through																		
LESLIE G HALVELAND (2) 508-538 HOTEL EMPL., RESTAURANT EMPL AFL-CIO 340 LU 74 SUITE 103 4433 WOODSON ROAD ST LOUIS, MO 631343713 12/2002 		8. MAILING ADDRESS First Name <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">L E S L I E</div> Last Name <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">H A L V E L A N D</div> P.O. Box • Building and Room Number (if any) <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">S U I T E 1 0 3</div> Number and Street <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">4 4 3 3 W O O D S O N R O A D</div> City <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">S T L O U I S</div> State ZIP Code + 4 <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">M O</div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">6 3 1 3 4</div> <div style="margin: 0 5px;">-</div> <div style="border: 1px solid black; padding: 2px 5px;">3 7 1 3</div> </div>																
4. AFFILIATION OR ORGANIZATION NAME HOTEL EMPL, RESTAURANT EMPL AFL-CIO 5. DESIGNATION (Local, Lodge, etc.) LU 6. DESIGNATION NUMBER 7 4 7. UNIT NAME (if any) 		9. Are your organization's records kept at its mailing address? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <i>(If "No," provide address in Item 75.)</i>																
75. ADDITIONAL INFORMATION <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 10%; border: 1px solid black; padding: 5px;">Item Number</th> <th style="border: 1px solid black; height: 150px;"></th> </tr> </table>				Item Number														
Item Number																		
Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. <i>(See Section VI on penalties in the instructions.)</i>																		
76. SIGNED: <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="text-align: center;"> 3-27-03 Date </div> <div style="text-align: center;"> 314-890-0250 Telephone Number </div> </div>		77. SIGNED: <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="text-align: center;"> 3/26/03 Date </div> <div style="text-align: center;"> 314-890-0250 Telephone Number </div> </div>																
PRESIDENT <i>(If other title, see instructions.)</i>		TREASURER <i>(If other title, see instructions.)</i>																

During the Reporting Period Did Your Organization:

10. Have a "subsidiary organization" as defined in Section X of the instructions? Yes ☐ No ☒
11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? ☒ ☐
12. Have a political action committee (PAC) fund? ☐ ☒
13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? ☐ ☒
14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? ☒ ☐
15. Discover any loss or shortage of funds or other property? ☐ ☒
(Answer "Yes" even if there has been repayment or recovery.)
16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? ☒ ☐
17. Liquidate or reduce any liabilities without disbursement of cash? ☐ ☒

(If the answer to any of the above questions is "Yes," provide details in Item 75 as explained in the instructions for each item.)

18. How many members did your organization have at the end of the reporting period? 3 3 6 9
19. What is the date of your organization's next regular election of officers? MO 0 6 YEAR 2 0 0 4
20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$ 5 0 0 0 0 0
21. What are your organization's rates of dues and fees? (Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees	
(a) Regular Dues/Fees	\$ 14.00/31.00 per MONTH (Month, Year, etc.)
(b) Initiation Fees	\$ 85.00/123.00
(c) Transfer Fees	\$ 0
(d) Work Permits	\$ 2.00/31.00 per MONTH (Month, Year, etc.)

22. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions? Yes ☐ No ☒
(If the constitution and bylaws or practices/procedures have changed, see the instructions.)
23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period? ☐ ☒
24. Did your organization have any contingent liabilities at the end of the reporting period? ☐ ☒
- (If the answer to Item 23 or 24 is "Yes," provide details in Item 75.)

STATEMENT A - ASSETS AND LIABILITIES

FILE NUMBER: 5 0 8 - 5 3 8

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only -- Do Not Enter Cents

	ASSETS	From SCH #	Start of Reporting Period (A)	End of Reporting Period (B)
	Item			
ASSETS	25. Cash.....	1	1 9 2 8 6 4	1 6 4 1 6 5
	26. Accounts Receivable.....		2 1 5 5	2 6 9 7
	27. Loans Receivable.....		0	0
	28. U.S. Treasury Securities.....		0	0
	29. Investments.....	2	0	0
	30. Fixed Assets.....	5	1 9 6 2 1	1 4 1 3 2
	31. Other Assets.....	3	8 7 3 5	7 5 3 5
	32. TOTAL ASSETS.....		2 2 3 3 7 5	1 8 8 5 2 9
LIABILITIES	33. Accounts Payable.....	8	0	0
	34. Loans Payable.....		3 0 2 2 0 3	2 8 4 2 0 3
	35. Mortgages Payable.....		0	0
	36. Other Liabilities.....	4	0	4 7 7 3
	37. TOTAL LIABILITIES.....		3 0 2 2 0 3	2 8 8 9 7 6
	38. NET ASSETS (Item 32 less Item 37).....		- 7 8 8 2 8	- 1 0 0 4 4 7

STATEMENT B - RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 5 0 8 - 5 3 8

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only -- Do Not Enter Cents

CASH RECEIPTS	From SCH #	AMOUNT	CASH DISBURSEMENTS	From SCH #	AMOUNT
Item			Item		
39. Dues.....		8 4 8 0 2 1	56. To Officers.....	9	2 0 7 4 4 6
40. Per Capita Tax.....		0	57. To Employees.....	10	7 2 5 4 6
41. Fees.....		0	58. Per Capita Tax.....		4 5 1 7 4 6
42. Fines.....		0	59. Fees, Fines, Assessments, etc.		0
43. Assessments.....		0	60. Office & Administrative Expense....	13	1 0 6 5 8 6
44. Work Permits.....		2 0 7 0 8 5	61. Educational & Publicity Expense...		0
45. Sale of Supplies.....		0	62. Professional Fees.....		3 2 2 3 4
46. Interest.....		2 4 1 1	63. Benefits.....	11	4 8 5 3 1
47. Dividends.....		0	64. Contributions, Gifts & Grants.....	12	7 3 0 5
48. Rents.....		0	65. Supplies for Resale.....		0
49. Sale of Investments & Fixed Assets.....	6	0	66. Direct Taxes.....		2 6 6 3 5
50. Loans Obtained.....	8	0	67. Withholding Taxes.....		8 1 0 1 5
51. Repayments of Loans Made.....	1	0	68. Purchase of Investments & Fixed Assets.....	7	0
52. On Behalf of Affiliates for Transmittal to Them.....		0	69. Loans Made.....	1	0
53. From Members for Disbursement on Their Behalf.....		0	70. Repayment of Loans Obtained.....	8	1 8 0 0 0
54. Other Receipts.....	14	7 6 3 0 8	71. To Affiliates of Funds Collected on Their Behalf.....		0
			72. On Behalf of Individual Members...		0
			73. Other Disbursements.....	15	1 1 0 4 8 0
55. TOTAL RECEIPTS.....		1 1 3 3 8 2 5	74. TOTAL DISBURSEMENTS		1 1 6 2 5 2 4

Enter Amounts in Dollars Only -- Do Not Enter Cents

SCHEDULE 1 – LOANS RECEIVABLE

List below loans to officers, employees, or members which at any time during the reporting period exceeded \$250 and list all loans to business enterprises regardless of amount. (A)	Loans Outstanding at Start of Period (B)	Loans Made During Period (C)	Repayments Received During Period		Loans Outstanding at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1.					
2.					
3.					
4. Totals from additional pages (if any)					
5. Totals of loans not listed above	0	0	0	0	0
6. Totals of Lines 1 through 5	0	0	0	0	0
The totals from Line 6 are entered in..... Item 27 Item 69 Item 51 Item 75 Item 27 Column (A) with Explanation Column (B)					

SCHEDULE 2 - INVESTMENTS

(OTHER THAN U.S. TREASURY SECURITIES)

FILE NUMBER: 5 0 8 - 5 3 8

Description (A)	Amount (B)
Marketable Securities	
1. Total Cost	0
2. Total Book Value	0
3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2.	
(a) None	0
(b)	
(c)	
(d)	
Other Investments	
4. Total Cost	0
5. Total Book Value	0
6. List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached.	
(a) None	0
(b)	
(c)	
(d)	
(e) Total from additional pages (if any)	
7. Total of Lines 2 and 5	0
The total from Line 7 is entered in Item 29, Column (B)	

SCHEDULE 3 - OTHER ASSETS

Description (A)	Book Value (B)
1. PREPAID PHONE LEASE	2 3 5
2. CEMETERY LOTS	4 4 0 0
3. SECURITY DEPOSITS	2 9 0 0
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	7 5 3 5
The total from Line 7 is entered in Item 31, Column (B)	

SCHEDULE 4 - OTHER LIABILITIES

Description (A)	Amount at End of Period (B)
1. UNREMITTED SOCIAL SECURITY	4 8
2. UNREMITTED MEDICARE	1 1
3. UNREMITTED MO WITHHOLDING	1 3 5 3
4. UNREMITTED ST LOUIS C/E TAX	6 3 6
5. LONG-TERM DEBT PAY-DEATH BENEFIT	1 4 7 5
6. Total from additional pages (if any)	1 2 5 0
7. Total of Lines 1 through 6	4 7 7 3
The total from Line 7 is entered in Item 36, Column (D)	

SCHEDULE 5 - FIXED ASSETS

FILE NUMBER: 5 0 8 - 5 3 8

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location): None	0		0	0
2. Totals from additional pages (if any)				
3. Buildings (give location): None	0	0	0	0
4. Totals from additional pages (if any)				
5. Automobiles and Other Vehicles	0	0	0	0
6. Office Furniture and Equipment	2 8 8 5 5	1 4 7 2 3	1 4 1 3 2	1 4 1 3 2
7. Other Fixed Assets	0	0	0	0
8. Totals of Lines 1 through 7	2 8 8 5 5	1 4 7 2 3	1 4 1 3 2	1 4 1 3 2
The total from Line 8, Column (D) is entered in Item 30, Column (B)				

SCHEDULE 6 - SALE OF INVESTMENTS AND FIXED ASSETS

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1. None	0	0	0	0
2.				
3.				
4.				
5. Totals from additional pages (if any)				
6. Totals of Lines 1 through 5	0	0	0	0
	7. Less Reinvestments			0
	8. Net Sales			0
The total from Line 8 is entered in Item 49				

SCHEDULE 7 – PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 5 0 8 - 5 3 8

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1. None	0	0	0
2.			
3.			
4.			
5. Totals from additional pages (if any)			
6. Totals of Lines 1 through 5	0	0	0
	7. Less Reinvestments		0
	8. Net Purchases		0
The total from Line 8 is entered in Item 68			

SCHEDULE 8 -- LOANS PAYABLE

Source of Loans Payable at Any Time During the Reporting Period (A)	Loans Owed at Start of Period (B)	Loans Obtained During Period (C)	Repayment Made During Period		Loans Owed at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1. HERE INTERNATIONAL UNION	3 0 2 2 0 3	0	1 8 0 0 0	0	2 8 4 2 0 3
2.					
3.					
4.					
5. Totals from additional pages (if any)					
6. Totals of Lines 1 through 5	3 0 2 2 0 3	0	1 8 0 0 0	0	2 8 4 2 0 3
The total from Line 6 is entered in Item 34 Item 50 Item 70 Item 75 Item 34 Column (C) with Explanation Column (D)					

SCHEDULE 9 - ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 5 0 8 - 5 3 8

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*					
1.	LUEBBERT TIMOTHY PRESIDENT C	4 6 2 5 7	0	1 4 4 9 2	6 5 2 7	6 7 2 7 6
2.	MCNATT KEVIN VICE PRESIDENT C	4 3 7 6 6	0	1 1 3 8 1	9 1 8	5 6 0 6 5
3.	HALVELAND LESLIE SECRETARY-TREAS C	4 5 3 6 8	0	1 0 8 6 7	1 2 5	5 6 3 6 0
4.	MOORE HARRY B JR RECORDING SEC C	3 6 5 5 5	0	1 3 5 9 2	1 9 6 0	5 2 1 0 7
5.	MORTON DAVID ORGANIZER C	2 9 1 6 0	0	3 5 8 0	5 5 1	3 3 2 9 1
6.	GUINN CHERYL CHAPLAIN C	2 0 0	0	0	0	2 0 0
7.	KRISTO THANAS EXECUTIVE BOARD C	5 9 5	0	0	0	5 9 5
8. Totals from additional pages (if any)		7 0 4 5	0	0	0	7 0 4 5
9. Totals of Lines 1 through 8		2 0 8 9 4 6	0	5 3 9 1 2	1 0 0 8 1	2 7 2 9 3 9
				10. Less Deductions	6 5 4 9 3	
The total from Line 11 is entered in Item 56				11. Net Disbursements	2 0 7 4 4 6	

*Code for Status (C): past officer - P; continuing officer - C; new officer during the reporting period - N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 75.)

SCHEDULE 10 - DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 5 0 8 - 5 3 8

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
GUINN 1. SECRETARY HERE LOCAL 74	3 0 1 4 4	0	0	0	3 0 1 4 4
HAGER 2. BOOKKEEPER HERE LOCAL 74	3 3 8 2 1	0	0	0	3 3 8 2 1
MCCORD 3. BOOKKEEPER HERE LOCAL 74	3 0 7 0 9	0	0	0	3 0 7 0 9
4.					
5.					
6. Totals from additional pages (if any)					
7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates	6 1 6 5	0	0	0	6 1 6 5
8. Totals of Lines 1 through 7	1 0 0 8 3 9	0	0	0	1 0 0 8 3 9
The total from Line 10 is entered in Item 57			9. Less Deductions		2 8 2 9 3
			10. Net Disbursements		7 2 5 4 6

SCHEDULE 11 - BENEFITS

FILE NUMBER: 5 0 8 - 5 3 8

Description (A)	To Whom Paid (B)	Amount (C)
1. DENTAL FUND	ST LOUIS H & R DENTAL FD	1 8 7 2
2. HEALTH AND WELFARE FUND	HEALTH & WELFARE INS TR	7 5 1 8
3. PENSION FUND	ST LOUIS H & R PENSION FD	3 7 4 4
4. INTL PENSION PLAN	INTL HERE PENSION FD	2 8 1 1 4
5. Total from additional pages (if any)		7 2 8 3
6. Total of Lines 1 through 5		4 8 5 3 1
The total from Line 6 is entered in Item 63		

SCHEDULE 12 - CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)
1. UNION STRIKE FUNDS	1 0 0
2. CHARITABLE AND RELIGIOUS	1 2 8 0
3. NEEDY UNION MEMBERS	6 0 0
4. EDUCATIONAL	7 5 0
5. UNION ORGANIZATIONS	1 5 0 0
6. MISCELLANEOUS	6 5 0
7. Total from additional pages (if any)	2 4 2 5
8. Total of Lines 1 through 7	7 3 0 5
The total from Line 8 is entered in Item 64	

SCHEDULE 13 - OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1. DUES GREATER ST LOUIS PORT COU	7 5 0
2. TELEPHONE	2 1 8 0 4
3. OFFICE EXPENSE	5 0 5 3
4. RENT	3 9 4 5 8
5. POSTAGE	3 1 6 4
6. ADVERTISING	7 0 2 6
7. Total from additional pages (if any)	2 9 3 3 1
8. Total of Lines 1 through 7	1 0 6 5 8 6
The total from Line 8 is entered in Item 60	

**SCHEDULE 14 -
OTHER RECEIPTS**

Description (A)	Amount (B)
1. ADVANCE MIDWEST ORGANIZING	6 5 0 0
2. SUBSIDY FROM HERE INTL	4 5 2 0 0
3. ADVANCE ON INTL OFFICER'S EX	1 4 4 2 5
4. ACCOUNTS RECEIVABLE OTHER	2 7 2 3
5. INTL BURIAL BENEFITS	1 7 5 0
6. POSTAGE REIMBURSEMENT	9
7. INSURANCE REFUND	7 6 9
8. MISCELLANEOUS REFUND	1 3 1 0
9. AUTO EX PENSE REIMBURSEMENT	2 2
10. IRS REFUND	4 3 5
11. AUTO LEASE REFUND	3 0 9 3
12. COLLECTION NY RELIEF FUND	7 2
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	7 6 3 0 8
The total from Line 17 is entered in Item 54	

**SCHEDULE 15 -
OTHER DISBURSEMENTS**

Description (A)	Amount (B)
1. AUTO EXPENSE	1 7 8
2. ADVANCE MIDWEST ORGANIZING	6 5 0 0
3. CONSULTANT FEES	3 4 0 0 0
4. ADVANCE EXPENSES INTL VP	1 5 1 7 0
5. ACCT RECEIVABLE OTHER	2 5 2 0
6. WAGE GARNISHMENTS	5 2 9 9
7. NEW YORK RELIEF FD	7 2
8. DEBT PAY - DEATH BENEFITS	3 5 0
9. NSF CHECKS	4 9
10. HOUSE VARIANCE	5 1 4
11. DUES ALLOWED - OFFICERS	4 8 5 6
12. DUES ALLOWED - MEMBERS	2 2 0 2 3
13. MISCELLANEOUS	1 0 9 7 9
14. UNION DUES	2 4 5 1
15. REFUNDS	3 8 2 0
16. Total from additional pages (if any)	1 6 9 9
17. Total of Lines 1 through 16	1 1 0 4 8 0
The total from Line 17 is entered in Item 73	

ORGANIZATION NAME:
HOTEL EMPL, RESTAURANT EMPL AFL-CIO

FILE NUMBER: 5 0 8 - 5 3 8

ENDING DATE OF PERIOD COVERED:
12/31/2002

SCHEDULE 9 – ALL OFFICERS AND DISBURSEMENTS TO OFFICERS *(continued)*

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*					
SHAMILY VANNIE MAY EXECUTIVE BOARD	C	5 9 5	0	0	0	5 9 5
KARAGIANIS JAMES EXECUTIVE BOARD	C	5 9 5	0	0	0	5 9 5
DAVIS MATTHEW EXECUTIVE BOARD	C	5 9 5	0	0	0	5 9 5
BROOKS DOROTHY EXECUTIVE BOARD	C	5 9 5	0	0	0	5 9 5
ASH MOLLIE EXECUTIVE BOARD	P	2 0 0	0	0	0	2 0 0
SKIPPER TONI EXECUTIVE BOARD	P	5 0 0	0	0	0	5 0 0
MCVEY PATRICK EXECUTIVE BOARD	C	5 9 5	0	0	0	5 9 5
GAUTHIER EUGENE EXECUTIVE BOARD	C	5 9 5	0	0	0	5 9 5

ORGANIZATION NAME:
HOTEL EMPL, RESTAURANT EMPL AFL-CIO

FILE NUMBER: 5 0 8 - 5 3 8

ENDING DATE OF PERIOD COVERED:
12/31/2002

SCHEDULE 9 – ALL OFFICERS AND DISBURSEMENTS TO OFFICERS *(continued)*

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*					
DUBIS THOMAS EXECUTIVE BOARD	C	5 9 5	0	0	0	5 9 5
HAMILTON EDWARD EXECUTIVE BOARD	C	5 9 5	0	0	0	5 9 5
POTTS STUART EXECUTIVE BOARD	C	5 9 5	0	0	0	5 9 5
IRBY VINCENT EXECUTIVE BOARD	C	5 9 5	0	0	0	5 9 5
BROADDUS DAMON EXECUTIVE BOARD	N	3 9 5	0	0	0	3 9 5

ENDING DATE OF PERIOD COVERED:
12/31/2002

SCHEDULE 11 – BENEFITS (continued)[illegible]

ENDING DATE OF PERIOD COVERED:
12/31/2002

FILE NUMBER: 5 0 8 - 5 3 8

[illegible]

HOTEL EMPL, RESTAURANT EMPL AFL-CIO

FILE NUMBER: 5 0 8 - 5 3 8

12/31/2002

SCHEDULE 4 – OTHER LIABILITIES (continued)[illegible]

ORGANIZATION NAME:
HOTEL EMPL, RESTAURANT EMPL AFL-CIO

FILE NUMBER: 5 0 8 - 5 3 8

ENDING DATE OF PERIOD COVERED:
12/31/2002

SCHEDULE 13 – OFFICE & ADMINISTRATIVE EXPENSE *(continued)*

Description (A)	Amount (B)
DUES AND SUBSCRIPTIONS	2 2 0 6
INSURANCE	6 2 9 6
OFFICE EQUIPMENT LEASES	7 9 4 4
PRINTING	1 9 2 1
REPAIRS AND MAINTENANCE	2 6 9 2
PROMOTION	6 4 3 4
BANK CHARGES	3 8 0
CONVENTION AND TRAVEL	1 2 2 5
MEETING AND ORGANIZING	2 3 3

ENDING DATE OF PERIOD COVERED:
12/31/2002

FILE NUMBER: 5 0 8 - 5 3 8

[illegible]

ORGANIZATION NAME:

HOTEL EMPL, RESTAURANT EMPL AFL-CIO

FILE NUMBER: 5 0 8 - 5 3 8

ENDING DATE OF PERIOD COVERED:

12/31/2002

75. ADDITIONAL INFORMATION

Item Number

11

THE NEGOTIATED CONTRACTS OF THE HOTEL EMPLOYEES AND RESTAURANT EMPLOYEES LOCAL UNION #74, AFL-CIO HAVE THE EMPLOYERS OF MEMBERS CONTRIBUTING TO A DENTAL PLAN, HEALTH AND WELFARE PLAN AND PENSION PLAN. THESE THREE PLANS HAVE ADMINISTRATORS, BUT ARE GOVERNED BY A BOARD OF TRUSTEES. EACH BOARD CONSISTS OF THREE(3) UNION OFFICIALS AND THREE(3) MANAGEMENT PEOPLE. THE PRESIDENT AND SECRETARY-TREASURER SERVE ON ALL THREE(3) BOARDS WITH THE THIRD UNION OFFICIAL VARYING. THE TREE PLANS ARE ST LOUIS HOTEL AND RESTAURANT EMPLOYEES DENTAL FUND TRUST (ID# 43-1000822), ST LOUIS HOTEL AND RESTAURANT EMPLOYEES PENSION TRUST FUND (ID# 43-6101313), AND HEALTH AND WELFARE INSURANCE TRUST (ID# 43-0682781).

ORGANIZATION NAME: HOTEL EMPL, RESTAURANT EMPL AFL-CIO
ENDING DATE OF PERIOD COVERED: 12/31/2002

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75. ADDITIONAL INFORMATION(*continued*)

Item Number	
14	AUDIT WAS PERFORMED BY OUTSIDE ACCOUNTANTS - ANDERSON, CPAs.

ORGANIZATION NAME: HOTEL EMPL, RESTAURANT EMPL AFL-CIO
ENDING DATE OF PERIOD COVERED: 12/31/2002

FILE NUMBER: 5 0 8 - 5 3 8

75. ADDITIONAL INFORMATION *(continued)*

Item Number 16	TIMOTHY ROSS LUEBBERT, HERE INTERNATIONAL, VICE PRESIDENT AND DAVID MORTON, HERE INTERNATIONAL, ORGANIZER.
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